

August 31, 2005

Chief, Policy and Compliance Division

Transmittal # 85 CHAMPVA Policy Manual

See Transmittal Distribution List

**PUBLICATIONS AND TRANSMITTAL CHANGE
FOR THE CHAMPVA PM (POLICY MANUAL)**

Explanation of the changes and related index updates to the CHAMPVA PM are in the following summary.

Chapter 1, Section 2.2, SPONSOR.

- Amends Authority.
- Under Policy Considerations adds that veteran award letters under 38 USC, Chapter 35 provided to CHAMPVA indicating eligibility for benefits and gives an effective date for these benefits, will be accepted in lieu of the VARO rating decision to establish CHAMPVA benefits.

Chapter 1, Section 3.1, APPLICATION FOR BENEFITS.

- Amends Authority.
- Under Policy adds Note that if the application is received without a copy of the marriage certificate, CHAMPVA will use the date of application as the effective date of eligibility. (If applicable, the date of eligibility will be adjusted accordingly upon receipt of the marriage certificate); and Note that veteran award letters under 38 USC, Chapter 35 provided to CHAMPVA indicating eligibility for benefits and gives an effective date for these benefits, will be accepted in lieu of the VARO rating decision to establish CHAMPVA benefits; and provides the CHAMPVA address, toll-free telephone number, hours of operation, and e-mail address for requests for replacement authorization cards.

Chapter 2, Section 4.1, CARDIOVASCULAR SYSTEM.

- Under Effective Dates adds March 1, 2001, for gamma and beta intracoronary radiotherapy, and January 1, 2002, for TMR (Transmyocardial Revascularization).
- Amends Procedure Codes.

Chapter 2, Section 6.1, DIGESTIVE SYSTEM.

- Amends Procedure Codes.

Chapter 2, Section 7.2, AUDITORY SYSTEM.

- Amends Procedure Codes.

Chapter 2, Section 10.9, REFRACTIVE KERATOPLASTY.

- Amends Procedure Codes.
- Under Description adds that keratoprosthesis is a surgical procedure that uses an FDA approved plastic implant that is placed into the eye with patients who have had unsuccessful cornea transplants using human tissue; PTK (Phototherapeutic Keratectomy) involves the use of the excimer laser to treat visual impairment or irritative symptoms relating to diseases of the anterior cornea by ablating thin layers of corneal tissue; removes keratoconus and pterygium.
- Under Policy clarifies that epikeratoplasty or epikeratophakia is a well-accepted treatment for the cornea, keratoconus, pterygium, and pediatric aphakia (absence of the lens in the eye). It is not considered refractive surgery, but rather a variant of the lamellar keratoplasty and when used for these indications is covered, and adds that keratoprosthesis and PTK for corneal dystrophies are covered services.
- Under Exclusions clarifies epikeratophakia, except as indicated in policy, and includes CPT codes for non-covered procedures.

Chapter 2, Section 15.3, HOME VISITS.

- Amends Procedure Codes

Chapter 2, Section 20.1, NERVOUS SYSTEM.

- Amends Procedure Codes.
- Under Exclusions adds laminoplasty, cervical with decompression of the spinal cord, two or more vertebral segments with reconstruction of the posterior bony elements.

Chapter 2, Section 21.1, PATHOLOGY AND SURGICAL PATHOLOGY.

- Amends Related Authority.
- Amends Procedure Codes.
- Under Exclusions adds insemination of oocytes; extended culture of oocytes embryos 4-7-days; assisted oocyte fertilization, microtechnique less than or equal to 10-oocytes; assisted oocyte fertilization, microtechnique, greater than 10-oocytes; biopsy oocyte polar body or embryo blastomere; biopsy oocyte polar body or embryo blastomere greater than 4-embryos; cryopreservation reproductive tissue, testicular; storage (per year) embryos; storage (per year) sperm/semen; storage (per year) reproductive tissue; testicular/ovarian; storage (per year) oocyte; thawing of cryopreserved embryos; thawing of cryopreserved sperm/semen, each aliquot; thawing of

cryopreserved, reproductive tissue, testicular/ovarian; and thawing of cryopreserved, oocytes, each aliquot; and includes appropriate CPT codes.

Chapter 2, Section 26.9, PET (POSITRON EMISSION TOMOGRAPHY).

- Amends Procedure Codes.

Chapter 2, Section 26.10, RADIONUCLIDE IMAGING PROCEDURES.

- Amends Related Authority.
- Amends Procedure Codes.
- Under Policy adds that Indium¹¹¹ Pentetreotide (Octreoscan) Scintigraphy is covered for other indications when documented by reliable sources as safe, effective, and comparable or superior to standard care (proven).

Chapter 2, Section 26.14, ULTRASOUND (GENERAL).

- Amends Procedure Codes.

Chapter 2, Section 34.2, NON-INVASIVE PERIPHERAL VASCULAR DIAGNOSTIC STUDIES: Cerebrovascular Arterial Studies

- Amends Authority.
- Amends Procedure Codes.

Chapter 2, Section 35.1, FEMALE GENITAL SYSTEM.

- Amends Procedure Codes.

Code Index. Amends index to add and delete codes referenced in this transmittal.

Subject Index. Amends index to add and delete changes referenced in this transmittal.

Lisa Brown
Chief, Policy and Compliance

DISTRIBUTION

BPS	00	CPD	10
BPSA	00	TNG	5
CBO	1	SSD (Eligibility)	3
CIO	2	PC	30
Warehouse	10	AD (Operations)	1